

SPACE ABOVE THIS LINE FOR RECORDING DATA

PREPARED BY AND RETURN TO:
JAMES E. WOODS, MSB#7386
WATKINS LUDLAM WINTER & STENNIS, P.A.
6897 Crumpler Blvd., Suite 100
Olive Branch, MS 38654
(662) 895-2996
WLWS #00931.36670

GRANTOR(S) ADDRESS:
7336 Deerbrook Road
Olive Branch MS 38654
Phone: 901-351-2873
Phone: SAME

GRANTEE(S) ADDRESS:
9154 Mason Street
Olive Branch, MS 38654
Phone: 901-491-1683
Phone: SAME

INDEXING INSTRUCTIONS: NW ¼ of Section 34, Township 1 South, Range 6 West, DeSoto County, Mississippi.

WARRANTY DEED

MARY E. KELLEY

GRANTOR

TO

HOWARD E. HARPER

GRANTEE

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00), cash in hand paid, and other good and valuable considerations, the receipt of all of which is hereby acknowledged, I, MARY E. KELLEY, do hereby sell, convey and warrant unto HOWARD E. HARPER, a single person, the land lying and being situated in DeSoto County, Mississippi, described as follows, to-wit:

Part of Lots 8 and 9 in Block 14 in the Town of Olive Branch as shown by the official plat thereof and more fully described as beginning at a point in the center of Blocker Street 442 feet southwestwardly from the center of Pidgeon Roost Road; thence continuing with the center of Blocker Street South 25 degrees 15 minutes West 103 feet to a point; thence north 45 degrees 52 minutes West 413.8 feet to an iron pin in the line of Lot 7; thence with the line of Lot 7 northwardly 47 degrees 30 minutes East 100 feet to an iron pin; thence South 45 degrees 30 minutes East 374.6 feet to the point of beginning. Lying in the NW ¼ of Section 34, Township 1 South, Range 6 West, DeSoto County, Mississippi.

By way of explanation, title to the property was vested in Lloyd J. Kelley and wife, Mary E. Kelley, as tenants by the entirety with full rights of survivorship, as per instrument recorded in Deed Book 129, Page 743, Chancery Clerk's Office, DeSoto County, Mississippi. The said Lloyd J. Kelley is now deceased having died on March 15, 1996, and as a result of the language in this Deed, the survivor, Mary E. Kelley, is now the sole owner of subject property as described herein.

The warranty in this deed is subject to subdivision and zoning regulations in effect in the City of Olive Branch, DeSoto County, Mississippi, and easements for public roads and public utilities. Taxes for the year 2011 shall be assumed by the Grantee. Possession is to take place upon the delivery of this Deed.

WITNESS MY SIGNATURE, this the 19th day of January, 2011.

Mary E. Kelley
MARY E. KELLEY

STATE OF MISSISSIPPI
COUNTY OF DESOTO

Personally appeared before me, the undersigned authority in and for the said county and state, on this the 19th day of January, 2011, within my jurisdiction, the within named MARY E. KELLEY, who acknowledged that she executed the above and foregoing instrument.

James E. Woods
NOTARY PUBLIC

My Commission Expires: 7-19-11



STATE OF MISSISSIPPI

DK W BK 650 PG 659

MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDS

CERTIFICATE OF DEATH

STATE FILE NUMBER 123.

TYPE OR PRINT WITH BLACK INK	FILING DATE MAR 25 1996		STATE OF MISSISSIPPI	
	DECEASED		1. NAME First Middle Last Lloyd Joe Kelley	
	2. SEX Male		3a. HOUR OF DEATH 8:50P	
	3b. DATE OF DEATH (Month, Day, Year) March 15, 1996		4. RACE (Specify White, Black, American Indian, etc.) White	
If death occurred in an institution, see HANDBOOK, regarding completion of RESIDENCE items	5a. AGE AT LAST BIRTHDAY 66 Years		5b. MOB. 5c. DAYS 5d. HOURS 5e. MINS. Dec. 14, 1929	
	6. DATE OF BIRTH (Month, Day, Year) Dec. 14, 1929		7a. COUNTY OF DEATH Desoto	
	7b. CITY OR TOWN OF DEATH Olive Branch		7c. HOSPITAL OR OTHER INSTITUTION NAME AND NUMBER (If not in either, give street address, route number or other location) 6605 Blocker Street	
	7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM OR DOA Ala.		8. STATE OF BIRTH Ala.	
For RESIDENCE items, enter actual location of home rather than mailing address	9. DECEDENT'S EDUCATION (Specify only highest grade completed) Elem/High School College		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
	11. SURVIVING SPOUSE (If wife, give maiden name) Mary Evans		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) Yes	
	13. OPINION OR DESCENT (Specify Clean, Afro-American, Mexican, etc.) American		14. SOCIAL SECURITY NUMBER 1-4 5-4	
	15a. USUAL OCCUPATION (Kind of work done, most of working life) Maintenance		15b. KIND OF BUSINESS OR INDUSTRY Hotel	
PARENTS	16a. RESIDENCE—STATE Mississippi		16b. COUNTY Desoto	
	16c. CITY OR TOWN Olive Branch		16d. INSIDE CITY LIMITS (Specify Yes or No) Yes	
	16e. STREET AND NUMBER OR RURAL LOCATION 6605 Blocker Street		17. FATHER—NAME First Middle Maiden Olan N. Kelley	
	18. MOTHER—NAME First Middle Maiden Mary Audell Holloway		19. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 6605 Blocker St., Olive Branch, MS 38654	
INFORMANT	20a. BURIAL, CREMATION, REMOVAL (Specify) Burial		20b. CEMETERY, CREMATORY—NAME Blocker Cemetery	
	20c. LOCATION (City and State) Olive Branch, MS		20d. EMBALMER—SIGNATURE AND NUMBER James L. Wray FS387	
	21a. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER Brantley Funeral Home 17R		21b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) P.O. Box 428, Olive Branch, MS 38654-0428	
	22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print) Barbara Kalafat, R.N.		22b. PRONOUNCED DEAD (Month, Day, Year) March 15, 1996	
PRONOUNCEMENT	22c. PRONOUNCED DEAD (Hour) 10:00p		23a. CERTIFIER—NAME (Type or print) Jeffery Pounders	
	23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 4942 Pounders Rd. Nesbit, Ms. 38651		24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. Cancer Of Lungs	
	24b. DATE SIGNED (Month, Day, Year) March 20, 1996		24c. STATE LICENSE NUMBER Desoto CMEI	
	24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print) March 20, 1996		24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. March 20, 1996	
CAUSE OF DEATH	25. PART I: DEATH CAUSED BY: (a) Cancer Of Lungs (b) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):		Interval between onset and death	
	25. PART II: OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in PART I		Interval between onset and death	
	26. AUTOPSY (Yes or No) NO		27. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) NO	
	28a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify) NO		28b. DATE OF INJURY (Month, Day, Year) March 15, 1996	
Use if death NOT due to natural causes	29a. INJURY AT WORK (Yes or No) NO		29b. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.) Home	
	29c. LOCATION Home		29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED Heart Attack	
	29e. STREET OR ROUTE NUMBER 6605 Blocker Street		29f. CITY OR TOWN Olive Branch	
	29g. STATE MS		29h. ZIP CODE 38654	

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

F. E. Thompson Jr. MD
F. E. Thompson, Jr., M.D., M.P.H.
STATE HEALTH OFFICER

Nita Cox Hunter
Nita Cox Hunter
STATE REGISTRAR

MAR 26 96

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